

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES 1. Committee ID #: 10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election 2. Type of Filing: and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be Original automatically lost if the committee exceeds the \$1,000 threshold. __Amendment to Items: _____ Eff. Date: 11. Name and Address of Depositories or Intended Depositories 3. Full Name of Committee (must include Candidate's first of committee funds. (Michigan Bank, Credit Union or Savings & Loan and last name): Committee to Elect Jennifer A. Association) a. Official Depository 4a. Candidate Full Name (Last, First, M.I.): Gradowski 4b. Political Party (if applicable): 4c. County of Residence: Row b. Secondary Depository 4d. Office Sought (Check one): Governor Lt. Governor State Senator State Rep. Sec. of State Attorney Gen. State Bd. of Ed. UofM Reg. MSU Trustee 12. This item applies only to Gubernatorial Candidate WSU Gov. Supreme Court Committees: Check if this committee intends to seek qualifying Appeals Court Circuit Court contributions or make qualifying expenditures. District Court Probate Court Municipal Court 13. ELECTRONIC FILING: This item applies to committees that file with Local or other please specify: Com (ou no the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office. 4e. District/Circuit # or Jurisdiction: ESSEXVILLE 5. Date Committee was Formed: 11/16/10 The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar 6a. Committee Phone #: year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to 6b. Committee Fax #: _____ you free of charge to assist you in meeting this requirement. 6c. Committee E-mail Address: Committee spent or received or expects to spend or receive in 6d. Committee Website Address: excess of \$20,000 and is required to file electronically. 7a. Complete Comm. Mailing Address (May be PO Box): 408 Sharpe Street Committee did not spend or receive or does not expect to spend Essexville, MI 48732 or receive in excess of \$20,000 and would like to file electronically voluntarily. 7b. Complete Comm. Street Address (May not be PO Box): 14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are Same true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. 8. Treasurer Name and Complete Address: I/We certify that all reasonable diligence will be used in the Jennifer A. Gradowski preparation of each statement electronically filed by this committee 408 Sharpe Street and that the contents of each statement will be true, accurate and Essexville, MI 48732 complete to the best of my/our knowledge or belief. (Sign Name and Date) Phone #: E-mail Address: 9. Designated Record Keeper Name and Complete Address: Current Treasurer Phone #: E-mail Address: Designated Record Keeper (Required only if filing electronically)